

MDR Tracking Number: M5-04-2394-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 4-1-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were not the only fees involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. The unlisted procedure/recovery room charges, supplies and materials/anesthesia tray, x-ray lumbosacral for 6-16-03 were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On 6-17-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to date of service 6-16-03 in this dispute.

- CPT Code 76000-27 was denied for F. Requester submitted information to support that the services were rendered. Therefore, the disputed service or services will be reviewed according to the 96 Fee Guideline. The MAR is \$88.00. However, the requester is asking for \$35.00. **Recommend reimbursement of \$35.00.**

- CPT CODE 99070 Supplies/Materials sterile tray was denied for an M. According to the 96 Fee Guideline Surgery rules “DOP is required if charges are \$50 or greater.” The requester has provided an itemized list of items included on the sterile tray. **Recommend additional reimbursement of \$71.40.**

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

Pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) for dates of service through July 31, 2003; in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (b); plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Decision is applicable for date of service 6-16-03 in this dispute.

This Decision and Order is hereby issued this 30th day of September, 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

MEDICAL REVIEW OF TEXAS
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NOTICE OF INDEPENDENT REVIEW DETERMINATION

TWCC Case Number:
MDR Tracking Number: M5-04-2394-01
Name of Patient:
Name of URA/Payer:
Name of Provider: (ER, Hospital, or Other Facility)
Name of Physician: (Treating or Requesting)

May 24, 2004

An independent review of the above-referenced case has been completed by a medical physician board certified in anesthesia. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

The patient had undergone injury at work causing back and neck pain. He was apparently followed for a period of time and given conservative therapy. After such time it was deemed that the patient was in need of more invasive treatment to help resolve his condition; back and neck pain. The treatment consisted of epidural steroid injections. This was done in a location using fluoroscopy, and sedation. The patient after procedure had undergone recovery and was discharged.

REQUESTED SERVICE(S)

Unlisted procedure/recovery room charges, supplies and materials/anesthesia tray, x-ray lumbosacral for date of service 6/16/03.

DECISION

Approved.

RATIONALE/BASIS FOR DECISION

The requested procedure and supplies are necessary for safe and sterile conduct of this type of procedure.

The reasoning for necessity of these items is that when a procedure is done involving injection of any substance into the epidural space, there must be the utmost detail to sterile technique. If this is not done, the patient can have an epidural infection, which could paralyze or even kill the patient. It is common for a physician to administer sedation to the patient for anxiolysis and to keep the patient still so that when the rigid needle is introduced, the patient does not have the increased risk of injury associated with movement during this time. When a patient is sedated for a procedure it is required to recover the patient for a proper amount of time until he/she can be safely discharged in the care of a family member or friend. The time required supplies used during a recovery period will vary by individual case and can be quite extensive if the patient's course is complicated by anything, including nausea and vomiting.